

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

APPLICANT(S)

09/483X64

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						
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50						
TOTAL NO.	8					
TOTAL DEP.	30					
TOTAL	38	122820	122820	122820	122820	122820

NO.	NO.		NO.		NO.	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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100						
TOTAL NO.						
TOTAL DEP.						
TOTAL		122820	122820	122820	122820	122820